Smoking Cessation Class Reimbursement FY2004



CLASS PROVIDED BY CLASS FEE S S S S S S S S S S S S S S S S S S	HOME ADDRESS CITY / STATE / ZIP HOME PHONE EMPLOYEE INFORMATION EMPLOYEE/DEPARTMENT (Please do not abbreviate) DIVISION WORK ADDRESS CITY / STATE / ZIP WORK PHONE () SPOUSE INFORMATION EMPLOYEE'S SOCIAL SECURITY NUMBER OTHER INFORMATION E-MAIL ADDRESS COUNTY DID YOU ATTEND HEALTHY UTAH? Yes No TESTING DATE STATUS Primary Subscriber Spouse INSTRUCTOR / CLASS INFORMATION CLASS FEE AMOUNT FOR REIMBURSEMENT (PFHP reimburses 1/2 the cost of a smoking cases and remain smoke-free for at lest four weeks. 1. Must currently snoke. 2. Attend all classes (or make up the classes missed) of an approved community class: 3. Quit smoking during the class course and remain smoke-free for at lest four weeks. 1. INSTRUCTOR VERIFICATION SESSION # 1 2 3 4 5 6 7 8 9 10 11 12 ATTENDANCE DATES CESSATION (mark with an Y coeth week as a non-smoken) INSTRUCTOR'S INITIALS ACTUAL QUIT DATE INSTRUCTOR'S SIGNATURE (At the end of class)	MEMBER INFORMA	ATION												
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